

**UNION PACIFIC RAILROAD
REPORT OF PERSONAL INJURY OR OCCUPATIONAL ILLNESS**

RULE 1.2.5. UNION PACIFIC RAILROAD OPERATING RULES STATES: "All cases of personal injury, while on duty or on company property, must be immediately reported to the proper manager and the prescribed form completed. A personal injury that occurs while off duty that will in any way affect employee performance of duties must be reported to the proper manager as soon as possible. The injured employee must also complete the prescribed written form before returning to service. If an employee receives a medical diagnosis of occupational illness, he or she must report it immediately to the proper manager."

INSTRUCTIONS:
Answer all questions in each applicable section in your own handwriting as soon as possible after an accident/incident occurs if injured, either on or off duty or if you are reporting a work-related illness. (If unable to complete the report, necessary information must be furnished by the person doing so in the employee's behalf.)

SECTION I - IDENTIFICATION INFORMATION

(1) YOUR NAME (First, Middle, Last)	(2) AGE	(3) RESIDENCE PHONE ()	(4) SOCIAL SECURITY NUMBER	(5) EMPLOYEE ID NUMBER
(6) OCCUPATION		(7) IMMEDIATE SUPERVISOR		(8) ASSIGNED REST DAYS

SECTION II - DETAILS OF ACCIDENT/INCIDENT/EVENT

(1) DATE	(2) TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	(3) LOCATION (Street, Track, Building, etc.) (City or Town)	(BT)	(4) TIME SHIFT OR TRIP BEGAN
(5) MILE POST DIVISION	<input type="checkbox"/> MAIN TRACK <input type="checkbox"/> YARD	(6) WERE YOU INJURED: <input type="checkbox"/> ON DUTY <input type="checkbox"/> ON COMPANY PROPERTY <input type="checkbox"/> OFF DUTY <input type="checkbox"/> OFF COMPANY PROPERTY		
(7) WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SLEET <input type="checkbox"/> OTHER (Explain) <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG TEMPERATURE _____			(8) VISIBILITY <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> ARTIFICIAL LIGHTING <input type="checkbox"/> DARK <input type="checkbox"/> DUSK	
(9) SPECIFIC JOB OR ACTIVITY BEING PERFORMED AT TIME OF ACCIDENT/INCIDENT/INJURY/EVENT				

SECTION III - DETAILS OF ACCIDENT/INJURY/OR OCCUPATIONAL ILLNESS

(1) DESCRIBE FULLY HOW THE ACCIDENT/INJURY/ILLNESS OCCURRED:

1. Describe Fully how the accident occurred.

**HURT BACK ATTEMPTING TO
LINE SWITCH**

(5) DID OTHER PERSONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE COMPLETE DETAILS

(6) NAMES, OCCUPATIONS AND ADDRESSES OF ALL CREW MEMBERS AND/OR OTHER PERSONS WHO WITNESSED OR HAVE ANY KNOWLEDGE OF ACCIDENT/INCIDENT:

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SECTION III - DETAILS OF ACCIDENT/INJURY/OR OCCUPATIONAL ILLNESS

(1) DESCRIBE FULLY HOW THE ACCIDENT/INJURY/ILLNESS OCCURRED:

(2) WHAT SPECIFICALLY CAUSED THE ACCIDENT/INJURY/ILLNESS:

(3) DID EQUIPMENT/TOOLS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE DETAILS (INCLUDING EQUIPMENT ID NUMBER)

(4) _____

(5) DID OTHER PERSONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE COMPLETE DETAILS

(6) NAMES, OCCUPATIONS AND ADDRESSES OF ALL CREW MEMBERS AND/OR OTHER PERSONS WHO WITNESSED OR HAVE ANY KNOWLEDGE OF ACCIDENT/INCIDENT:

2. What Specifically caused the accident?

BAD ORDER SWITCH

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(8) VISIBILITY <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK		<input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> ARTIFICIAL LIGHTING	
(9) SPECIFIC JOB OR ACTIVITY BEING PERFORMED AT TIME OF ACCIDENT/INCIDENT/INJURY/EVENT			

3. Did equipment –tools cause or contribute to the cause of the accident?

YES

SWITCH HUNG UP

(3) DID EQUIPMENT/TOOLS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE DETAILS (INCLUDING EQUIPMENT ID NUMBER)

(4) DID WORKING CONDITIONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE COMPLETE DETAILS

(5) DID OTHER PERSONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE COMPLETE DETAILS

(6) NAMES, OCCUPATIONS AND ADDRESSES OF ALL CREW MEMBERS AND/OR OTHER PERSONS WHO WITNESSED OR HAVE ANY KNOWLEDGE OF ACCIDENT/INCIDENT:

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SECTION III - DETAILS OF ACCIDENT/INJURY/OR OCCUPATIONAL ILLNESS

(1) DESCRIBE FULLY HOW THE ACCIDENT/INJURY/ILLNESS OCCURRED:

**YES
SWITCH HUNG UP**

(4) DID WORKING CONDITIONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE COMPLETE DETAILS

(5) DID OTHER PERSONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE COMPLETE DETAILS

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5. Did other persons cause or contribute to the cause of the accident?

YES
**THOSE RESPONSIBLE TO
MAINTAIN THE SWITCH**

(4) DID WORKING CONDITIONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE COMPLETE DETAILS

(5) DID OTHER PERSONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE COMPLETE DETAILS

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